

## PREMIER REHAB &amp; SKILLED NURSING

2121 PIONEER DR

BELOIT

53511

Phone: (608) 365-9526

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 120

Total Licensed Bed Capacity (12/31/04): 120

Number of Residents on 12/31/04: 108

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 106

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		44.4
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		27.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.4	More Than 4 Years		27.8
Day Services	No	Mental Illness (Org./Psy)	25.0	65 - 74	5.6			-----
Respite Care	Yes	Mental Illness (Other)	2.8	75 - 84	35.2			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.9	85 - 94	46.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	5.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.6		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	22.2	65 & Over	92.6	-----		
Transportation	No	Cerebrovascular	13.0		-----	RNs		8.1
Referral Service	No	Diabetes	14.8	Gender	%	LPNs		14.1
Other Services	No	Respiratory	7.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	2.8	Male	26.9	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	73.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay		Family Care		Managed Care					
		No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care	14	100.0	351	6	7.7	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	20	18.5
Skilled Care	0	0.0	0	71	91.0	129	0	0.0	0	16	100.0	177	0	0.0	0	0	0.0	87	80.6
Intermediate	---	---	---	1	1.3	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	0.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	14	100.0		78	100.0		0	0.0		16	100.0		0	0.0		0	0.0	108	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	17.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	8.3	75.0	16.7	108
Other Nursing Homes	3.7	Dressing	23.1	60.2	16.7	108
Acute Care Hospitals	76.2	Transferring	36.1	46.3	17.6	108
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	26.9	57.4	15.7	108
Rehabilitation Hospitals	0.0	Eating	63.9	21.3	14.8	108
Other Locations	2.6	*****				
Total Number of Admissions	189	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	6.5		Receiving Respiratory Care	2.8
Private Home/No Home Health	34.6	Occ/Freq. Incontinent of Bladder	51.9		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	11.2	Occ/Freq. Incontinent of Bowel	38.9		Receiving Suctioning	0.0
Other Nursing Homes	3.2				Receiving Ostomy Care	2.8
Acute Care Hospitals	12.2	Mobility			Receiving Tube Feeding	2.8
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.9		Receiving Mechanically Altered Diets	17.6
Rehabilitation Hospitals	0.0					
Other Locations	10.1	Skin Care			Other Resident Characteristics	
Deaths	28.7	With Pressure Sores	6.5		Have Advance Directives	68.5
Total Number of Discharges		With Rashes	0.0		Medications	
(Including Deaths)	188				Receiving Psychoactive Drugs	39.8

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.4	88.5	0.97	90.2	0.95	90.5	0.94	88.8	0.96
Current Residents from In-County	89.8	80.0	1.12	82.9	1.08	82.4	1.09	77.4	1.16
Admissions from In-County, Still Residing	23.8	17.8	1.34	19.7	1.21	20.0	1.19	19.4	1.23
Admissions/Average Daily Census	178.3	184.7	0.97	169.5	1.05	156.2	1.14	146.5	1.22
Discharges/Average Daily Census	177.4	188.6	0.94	170.5	1.04	158.4	1.12	148.0	1.20
Discharges To Private Residence/Average Daily Census	81.1	86.2	0.94	77.4	1.05	72.4	1.12	66.9	1.21
Residents Receiving Skilled Care	99.1	95.3	1.04	95.4	1.04	94.7	1.05	89.9	1.10
Residents Aged 65 and Older	92.6	92.4	1.00	91.4	1.01	91.8	1.01	87.9	1.05
Title 19 (Medicaid) Funded Residents	72.2	62.9	1.15	62.5	1.16	62.7	1.15	66.1	1.09
Private Pay Funded Residents	14.8	20.3	0.73	21.7	0.68	23.3	0.64	20.6	0.72
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	27.8	31.7	0.88	36.8	0.76	37.3	0.74	33.6	0.83
General Medical Service Residents	2.8	21.2	0.13	19.6	0.14	20.4	0.14	21.1	0.13
Impaired ADL (Mean)	42.6	48.6	0.88	48.8	0.87	48.8	0.87	49.4	0.86
Psychological Problems	39.8	56.4	0.71	57.5	0.69	59.4	0.67	57.7	0.69
Nursing Care Required (Mean)	4.1	6.7	0.61	6.7	0.60	6.9	0.59	7.4	0.55